

OFFICIAL

35

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State/Territory: Indiana

Citation
42 CFR 431.800(c)
50 FR 21839
1903(u)(1)(D) of
the Act,
P.L. 99-509
(Section 9407)

4.4 Medicaid Quality Control

- (a) A system of quality control is implemented in accordance with 42 CFR Part 431, Subpart P.
- (b) The State operates a claims processing assessment system that meets the requirements of 431.800(e), (g), (h) and (k).

/ Yes.

/x/ Not applicable. The State has an approved Medicaid Management Information System (MMIS).

HCFA-179 # 87-4 Date Rec'd 6/30/87
Supersedes 85-13 Date Appr. 8/19/87
State Rep. In. AS Date Eff. 2/1/87

TN No. 87-4
Supersedes
TN No. 85-13

Approval Date _____

Effective Date 7/1/87

HCFA ID: 1010P/0012P